



## ARIZONA DEPARTMENT OF INSURANCE

2910 N. 44th St. # 210., Phoenix, AZ 85018

Internet: [www.azinsurance.gov](http://www.azinsurance.gov) | Phone: (602) 364-2499 | Toll-free: (1-800) 325-2548 | Fax: (602) 364-2505

# REQUEST FOR ASSISTANCE FORM

### SECTION A: Information About You

Date:	Phone number:	Fax number:		
Your last name:	Your first name:	Your middle name/initial:		
Street address:		City:	State	ZIP code:
May we contact you by e-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail address:			

### SECTION B: Information About the Insured

Complete this section only if the insured is someone other than yourself

Name of the insured (if an individual, please provide last name, first name and middle name/initial):			
Insured's street address:	City:	State	ZIP code:

### SECTION C: Information About the Insurance Coverage

Name of the insurance company		Policy #:
Type of insurance (life, health, auto, homeowners, fire, etc.)	Policy effective date:	State where purchased:

### SECTION D: Type of Issue

For what type of issue are you requesting assistance?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Claim Denial                   | <input type="checkbox"/> Delays            | <input type="checkbox"/> Policy Cancellation |
| <input type="checkbox"/> Premium Rates                  | <input type="checkbox"/> Refusal to Insure | <input type="checkbox"/> Agent Handling      |
| <input type="checkbox"/> Other (please describe): _____ |  |  |

### SECTION E: Statement of Facts

Complete and attach the "Statement of Facts Section" (on the next page) accompanied by *copies* of any pertinent documents (*do not* submit originals of those documents) related to your complaint.

### SECTION F: Certification

By my signature, I attest that the information provided on and with this form is accurate to the best of my knowledge and ability, and that I understand that the facts relating to this complaint will become a matter of public record pursuant to Arizona law.

Signature: \_\_\_\_\_

The Arizona Department of Insurance is an Equal Employment Opportunity agency that complies with the Americans with Disabilities Act (ADA) and the Arizonans with Disabilities Act. Persons with a disability may request materials in an alternative format by contacting our ADA Coordinator at (602) 364-3471 and should do so as early as possible to allow reasonable time to make necessary arrangements.



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### Statement of Facts

Date:	Your last name:	Your first name:	Your middle name/initial:
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**What did the insurance company or agent do or failed to do?** Enclose *copies* (not originals) of any pertinent documents such as letters, forms, policies, notices, cancelled checks (front & back), and emails.

**What would you like the Department of Insurance to do to help you?**